APPENDIX C

Storm Water Site Inspection

St	orm Water Site Insp	John Telial O		
Re Eva Divi Site	Eport Form Iuation Date: ision: Name: ject Number:	JOHN WIELAND HOMES		
Ins Ins We Co	pector: pection Type: ather: nstruction Stage(s):	Phone #: Rainfall Amount: and accompanying Responsive Action		
	WP").	na assempanying responsive reason	Log Wall the otolin trater i jan	
Оu	tfalls, Entrances and Streets			
A.		er pollutants controlled per SWP from lea	ving the site? Yes	
В.	Vehicle Tracking: Installed and m	·	Yes	
C.	Streets: Excess soil kept off stree	ets?	Yes	
Sto	rm Water Controls	ikan matan 200 kantan 2000 kantan matan 1200 ka Mila Matan his mengani ka		
D.		Installed and maintained per SWP?	Yes	
E.	Soil Stabilization: Implemented a	<u>.</u>	Yes	
F.	Stock Piles: Properly located and	l stabilized per SWP?	Yes	
No	n-Storm Water Controls			
G.	Concrete, Stucco, Paint (etc.) Wa	ashouts: Located, installed and maintaine	d per SWP? Yes	
Н.		h, debris and hazardous materials proper	ly managed? Yes	
I.	Sanitary Waste: Portable toilets p	properly located and maintained?	Yes	
Sto	rm Water Plan and Related Doc			
J.	Is the Site Manager contact infor	mation provided on Site as required; if so	, is it current? Yes	
K.	If required, is the Applicable Perr		Yes	
L.	Is the SWP available on site or its	s location posted as required?	Yes	
M.	Does the SWP match current site		Yes	
N.		ent inspections evaluating compliance with n, have all issues been addressed in resp		
Ο.	Have all responsive actions from	prior site evaluations been timely addres	sed? Yes	
obse	ervations documented in this evalu	hat I personally conducted this evaluation lation report are to my knowledge and belies for perjury including fines and/or impri		

Information to Permittee: In order to maintain compliance with the terms and conditions of Stormwater General Permit NCG010000, corrective actions identified in this Evaluation Form must be addressed within the timeframe specified by the permit. Please note corrective actions taken on the Stormwater Inspection Form and sign where indicated.

information.

Name and Title of Inspector

Signature of Inspector

Date

Storm Water Site Evaluation

Report	
Evaluation Date:	_
Division:	-
Site Name:	
Project Number:	



Open Action Item Log

Ref#	Deficiency(Action Item)	Location	Addressed By	Date	Action Taken
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tional Cor	nments:		<u> </u>		

Uncompleted Open Items From Prior Evaluations									
Ref#	Deficiency(Action Item)	Location	Evaluation Date	Explanation					